

IOWA TBI COMMUNITY OF PRACTICE

Maggie Ferguson, BI Program Manager
Iowa Dept. of Public Health

CoP Structure

- Each team will submit a roster of members and summary of project goals.
- Monthly informational webinars and information sharing.
- Meet as needed to work on project.
- Mid point and Final project summary submitted by each team.

Purpose of the TBI CoP

Under HRSA grant number H21MC26929, our project goal is to increase access to necessary services and supports for families and individuals impacted by brain injury.

Areas for potential projects:

- Screening
- Information and Referral
- Professional Training

Prevention activities are not covered under this grant.

Iowa Brain Injury Program

- Lead Agency in Iowa – IDPH
- Advisory Council on Brain Injuries
- Brain Injury Services Program
 - Resource Facilitation
 - Training
- HRSA TBI Implementation grant (2014-2018)
 - Increase access to screening for TBI and expanding the capacity of the Iowa Brain Injury Resource Network
 - Develop capacity within Iowa's education system to provide improved identification and transitional outcomes for youth experiencing TBI – particularly student athletes.
 - Increase the availability of appropriate support and services for individuals exhibiting challenging brain injury based behaviors, including incarcerated individuals, individuals experiencing multi-occurring conditions, and children.
 - Update the Iowa statewide needs assessment and develop the Iowa Plan for Brain Injury 2018-2020.

High Risk Populations for TBI

- Children 0-4
- Youth aged 15-19 (especially African American youth)
- Native American/Alaska Natives (esp. ages 15-44)
- Native Hawaiians (age 65+)
- The elderly
- Athletes of all ages
- Homeless individuals of all ages
- Incarcerated individuals, including juvenile detainees
- Individuals harmed by domestic violence
- Other identified populations who are underserved with respect to TBI

TBI in Iowa

Prevalence:

According to the Centers for Disease Control and Prevention (CDC), nearly 1.7% of people in Iowa or approximately 50,000 Iowans are currently living with long-term disabilities caused by a brain injury (CDC, 2008).

Incidence:

Traumatic Brain Injury Numbers in Iowa	2009	2010	2011	2012	2013
Deaths	538	549	529	585	505
Hospitalizations	2092	2081	2117	2085	1672
ED Visits	21623	17203	18010	19868	16002

TBI in Iowa

From 2008 – 2010, individuals hospitalized with TBI were:

- 56% discharged home
- 18% transferred to long term care facilities
- 11% admitted to rehabilitation services
- 6% transferred to another inpatient hospital
- About 7% died

Resources

Iowa State Plan for Brain Injuries 2013-2017

Vision for Iowa in four focus areas:

- Individual and Family Care Access
- Service and Support Availability
- Service System Enhancement
- Brain Injury Prevention

TBI Surveillance Reports

Iowa Needs Assessments

Brain Injury Alliance of Iowa

Iowa Association of Community Providers

BIA-IA needs assessment

Most recent needs assessment was completed in 2014.

Individuals were surveyed via online survey and in person listening sessions.

Participants included family members, individuals with BI, direct support staff, administrative staff.

BIA-IA needs assessment findings

“Worse parts of BI?”

- Lack of community based post acute services
- Sense of loss (job, natural supports, independence)
- Difficulties with sequela of BI (memory issues, balance, depression)
- Lack of awareness about BI among providers, family, friends.

BIA-IA needs assessment findings

“Top Concerns regarding BI in Iowa”

- **Access to community based post acute services** (rural obstacle, housing, transportation, family supports)
- **Limits to accessing BI waiver** (wait list, LOC determination, caps, funding)
- **Lack of knowledge and ability among service providers** (community based services, law enforcement, educators)
- **Sequela** (memory, relationships, anger, mobility)
- **Personal finances** (decreased income, increased expenses, decreased savings, impoverishment)
- **Employment** (finding, getting, keeping a job)

IACP needs assessment findings

Barriers to serving people experiencing brain injury –

- Funding/reimbursement
- Lack of training for direct staff
- Lack of education and support for families
- Lack of referrals
- Transportation
- Lack of experience with BI
- Appropriate assessment
- Intermittent needs
- Location of clients

Based on 2010 survey of IACP members

IACP needs assessment

Recommendations based on findings:

- Increased training opportunities at local, state and national level to expand service provision knowledge
 - Working with individuals with BI in traditional service delivery systems
 - How to work effectively with individuals using challenging behaviors
 - Effective assessment strategies for individuals experiencing brain injury.

Support available for your teams

- Teams are encouraged to provide a summary of activities to the Advisory Council on Brain Injuries.
- Funding may be available to support the production or acquisition of materials needed for your project.
- Webinar hosting through IDPH
- Technical Assistance

Team Introduction

- Team representative
- Team roster
- What need and/or project has your team identified
- What do you hope to gain from participation in the CoP
- What can I do to support your teams
- Ideas for webinars

Next meeting

Please share your feedback regarding future webinars at
<https://www.surveymonkey.com/s/TBICoPwebinars>

Next Meeting:

February 17th 10:30am

Maggie Ferguson

515-281-8465

Maggie.Ferguson@idph.iowa.gov

<http://www.idph.state.ia.us/ACBI/>